

**U.S. DEPARTMENT OF HOMELAND SECURITY
COVID-19 SAFETY PLAN**

December 2021

The Department of Homeland Security (DHS) is committed to implementing COVID-19 safety and health precautions to protect our employees and by extension their families and the Nation we serve. While protecting the homeland from threats such as COVID-19, DHS must also protect the tens of thousands of employees standing guard at the borders, protecting the traveling public, securing our critical infrastructure, and performing vital missions domestically and abroad every day. It is important to remember that over 65% of the DHS workforce continued to report to work in-person, serving their fellow citizens throughout the pandemic.

We developed and keep updated, workforce safety guidance and employee COVID-19 resources, in response to new and emerging information from the Centers for Disease Control and Prevention (CDC) and Department of Labor, Occupational Safety and Health (DOL-OSHA) and in accordance with the Executive Orders, regulations, and Administration guidance and guidelines of the Safer Federal Workforce Task Force. Protecting the safety and health of our employees and their families while ensuring the continuity of our important missions and operations is one of our top priorities and is critical for national security.

From the very beginning of the pandemic, DHS took a range of actions to include adapting pay and leave policies, establishing a full-time command center for employee health issues, maximizing telework when possible, and temporarily suspending in-person services at field offices when necessary. DHS acquired crucial Personal Protective Equipment (PPE) and ensured Component supplies were sufficient to mitigate the risks identified for their respective personnel. As the pandemic persisted, DHS Components also developed contact tracing programs to assist in outbreak tracking and mitigation.

Beginning in January 2020, DHS promulgated guidance for many facets of our work, including PPE, travel, gatherings, facilities safety and cleaning, employee flexibilities and resources, to operate in a pandemic environment. Much of this guidance was issued at a strategic level to allow location and mission-specific implementation in coordination with local health requirements, operational needs, and Component medical staff. This approach was critical to an effective response – in a department with over 240,000 employees, with multiple mission sets, not requiring a “one size fits all” approach allows Components and Offices across DHS to address the workforce health risks and vulnerabilities unique to their mission sets.

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CDC and DOL-OSHA Guidance Implementation

- a. Sick Individuals:** DHS will follow CDC guidance regarding employees who have symptoms of acute respiratory illness. Such employees will be asked to stay home and not come to work until they are free of fever (100.4° F [37.8°C] or greater using an oral thermometer), have not had signs of a fever (e.g., flushed and sweating without exertion), for at least 24 hours without the use of fever-reducing or other symptom-altering medicines (e.g., cough suppressants), and it has been at least 5 days since their first symptoms occurred. Personnel are advised to use the CDC Coronavirus [self-checker](#) to help determine when to seek testing and medical care.
- b. Isolate:** Any individual who develops any symptoms consistent with COVID-19 while at the workplace must immediately put on a mask if not already wearing one, isolate, notify their supervisor, and promptly leave the workplace. Any individual with a suspected or confirmed case of COVID-19 should be advised to isolate pursuant to CDC guidelines and in compliance with local laws/regulations.
- c. Quarantine:** Personnel who have had close contact (within 6 feet of someone for a cumulative total of 15 minutes or more over a 24 hour period) with someone who has tested positive for COVID-19 should be advised to follow [CDC and local guidance for quarantine](#).
- d. Fully Vaccinated Persons:** For purposes of its safety protocols, DHS considers employees, onsite contractor employees, and visitors [fully vaccinated for COVID-19](#) 2 weeks after they have received the requisite number of doses of a COVID-19 vaccine approved or authorized for emergency use by the U.S. Food and Drug Administration or that has been listed for emergency use by the World Health Organization. For Pfizer-BioNTech and Moderna, that is 2 weeks after an employee has received the second dose in a 2-dose series. For Johnson and Johnson (J&J)/Janssen, that is 2 weeks after an employee has received a single-dose. Clinical trial participants from a U.S. site who are documented to have received the full series of an “active” (not placebo) COVID-19 vaccine candidate, for which vaccine efficacy has been independently confirmed (e.g., by a data and safety monitoring board), can be considered fully vaccinated 2 weeks after they have completed the vaccine series. Currently, the U.S. based AstraZeneca and Novavax COVID-19 vaccines meet these criteria.

COVID-19 Coordination Team

The Department has a weekly Reconstitution/Return-to-Workplace Working Group Meeting with representatives from all DHS components to discuss and address emergent issues relevant to COVID-19 throughout the pandemic, to include topics related to the return to the workplace. Each Component also has a COVID-19 Coordination Team that includes Component leadership, human resources, occupational safety and health, legal counsel, and medical/public health representatives. The COVID-19 Coordination team coordinates all decisions with Facility Security Committees, as appropriate. For privately owned facilities leased by the Federal Government, the team coordinates with the General Services Administration (GSA), where appropriate, and the lessor’s designated representative.

Vaccination Requirement

Pursuant to Executive Order [14043](#) on *Requiring Coronavirus Disease 2019 Vaccination for Federal Employees*, Federal Executive Branch employees must be [fully vaccinated](#), except in

limited circumstances where an employee is legally entitled to an exception. The agency is working expeditiously to encourage employees to be fully vaccinated as quickly as possible and by no later than November 22, 2021. Employees who are on maximum telework or working remotely are not excused from this requirement.

In implementing Executive Order 14043, the Department will comply with all relevant court orders, including by following relevant OMB and Safer Federal Workforce Task Force guidance.

DHS-Wide Messaging and Information

As a “one-stop shop” for our employees, DHS has two comprehensive websites that contain all of the strategic materials and guidance issued in the last year. Below is a summary of the DHS plan, including primary guidance issued by the Department to all Components and Offices. The intranet site for employees contains updated information and resources on the COVID-19 vaccines. Employees can send questions regarding the COVID-19 vaccine to an internal email box which is monitored daily by the DHS COVID-19 Coordination Team. DHS also created an [external information](#) site to ensure DHS employees and their families had every opportunity to be informed.

The Deputy Under Secretary for Management sent several messages to all DHS employees advising of the requirement, encouraging vaccination and most recently advising of the consequences for failing to be fully vaccinated, if an exception is not received. Additionally, employees should have received direct communications from their component leadership of the requirement.

DHS employees were required to have their final shot by November 8 and certify their vaccination status and proof of vaccination by November 9 via the OCIO-approved Vaccine Status System (VSS) or Component system where applicable. Supervisors and/or other appropriate officials will be required to know employee’s vaccination or exception request status to ensure compliance with EO 14043. Additional details regarding what testing protocols may be put in place for employees with approved exceptions are forthcoming. Those without vaccination or approved exceptions will be subject to the full range of disciplinary actions up to and including removal.

DHS messaging to employees following the issuance of EO 14043 included the following:

| Sent From | Date | Subject | Audience |
|-----------|---------|---|-------------------------|
| DUSM | 8/25/21 | Safety Protocols and Vaccination Reporting | All employees |
| DUSM | 9/17/21 | Mandatory COVID-10 Vaccinations for all DHS Employees | All employees |
| OCHCO | 9/17/21 | Component Toolkit with key information about the mandate | Component communicators |
| OCHCO | 9/17/21 | Draft message for Components to share with their workforce with information about the mandate | Component communicators |

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| CHCO | 9/24/21 | Thanking employees for their flexibility while we work to adjust to these changes | All employees |
| CRCL | 11/9/21 | Accommodations: What are they, how to get one, etc. | |
| DUSM | 10/6/21 | Plan ahead: Get your Mandatory Vaccine | All employees |
| DUSM | 10/12/21 | Compliance with EO on Requiring Coronavirus Disease 2019 Vaccination for Federal Employees | All employees |
| DUSM | 10/15/21 | Plan ahead: Pfizer Vaccination Deadline Approaching | All employees |
| OCHCO | 10/25/21 | Vaccination EO Supervisor Toolkit | Component communicators |
| DUSM | 10/25/21 | Update on Compliance with EO on Requiring Coronavirus Disease 2019 Vaccination for Federal Employees | All employees |
| OCIO through VSS | 10/28/21 10/29/21 11/1/21 11/3/21 11/5/21 11/8/21 | Targeted Messages directly to those who have not provided proof of vaccination | Individuals who have not provided a response in the VSS. |
| Deputy Secretary | 10/29/21 | Personal message from the Deputy Secretary. Sent out through the VSS. | Individuals who did not respond to the VSS |
| DUSM | 11/3/21 | Plan Ahead – Johnson & Johnson Vaccination Deadline Approaching | All employees |
| DUSM | 11/8/21 | Update on DHS’s Compliance with EO on Requiring COVID-19 Vaccinations | All employees |
| OCIO through VSS | 11/9/21 | Final targeted message to those who have not provided proof of vaccination | Individuals who have not provided a response in the VSS. |
| DUSM/CMO | Week of November 29 | Omicron Variant and Booster Shot information | All employees |
| DUSM | Week of November 29 | Update on DHS’s Compliance with EO on Requiring COVID-19 Vaccination | All employees |

Vaccination Leave Flexibilities

DHS was one of the first agencies to authorize mission critical employees to be vaccinated during duty time. DHS policy permits all employees to be vaccinated for COVID-19 on duty

time (up to four hours for each administration) in order to meet the vaccination requirement. Additional time may be approved when necessary (e.g., an employee may need to travel long distances to get the vaccine). Additionally, employees may receive up to four hours of administrative leave per dose to accompany family members to be vaccinated. Employees who request administrative leave if they experience adverse reactions (e.g., fever, chills, headache) will be granted up to two workdays of administrative leave for recovery after each adverse reaction. Employees continue to be able to request annual, sick leave, or other flexibilities to permit them to stay at home to care for a sick family member.

An employee, eligible to receive an [additional primary dose](#) or booster shot according to CDC guidance, may request up to four hours of administrative leave to receive the COVID-19 booster shot. An employee may also request up to four hours of administrative leave to accompany a family member eligible to receive such a booster shot. The same administrative leave entitlement granted for adverse reaction to COVID-19 vaccination is available for adverse reaction to the COVID-19 booster shot.

Vaccination and New Hires

Individuals who start their government service after November 22, 2021, are required to be fully vaccinated prior to their start date, except in limited circumstances where an accommodation is legally required. Language regarding vaccination requirements is included in job opportunity announcements and tentative and final offer letters. Applicants will be provided guidance to submit proof of vaccination or request a reasonable accommodation. However, should DHS have an urgent, mission-critical hiring need to onboard new staff prior to those new staff becoming fully vaccinated, the Secretary may delay the vaccination requirement—in the case of such limited delays, agencies should require new hires to be fully vaccinated within 60 days of their start date and to follow safety protocols for not fully vaccinated individuals until they are fully vaccinated.

Enforcement of Vaccination Requirement

Employees covered by Executive Order 14043 who fail to comply with a requirement to be fully vaccinated or provide proof of vaccination and have neither received an exception nor have an exception request under consideration, will be subject to appropriate enforcement action. Those who decline to provide vaccination information are treated as unvaccinated and are required to follow applicable safety protocols. All employees are required to submit vaccination status. Those who have not provided their status as vaccinated and uploaded acceptable proof, or requested an exception by November 9, will be counseled and asked to submit proof of vaccination within five days, as the first step of the progressive discipline process. All employees and visitors are currently required to follow safety protocols, to include masking in areas still experiencing high community transmission of COVID-19.

DHS is providing guidance to components to guide the enforcement process which will begin with a memorandum of counseling and mandatory direction to come into compliance with the requirement by either 1) getting the first dose of a two-dose vaccine series or the single dose vaccine by a specific date or 2) initiating a request to be granted a legally-required exception. Following a 5-day period to permit compliance with the instruction contained in the counseling

memorandum, if the employee does not demonstrate compliance, a letter of reprimand or disciplinary suspension will be issued, depending on whether the employee has specific aggravating factors. The standard approach for an employee with no prior relevant discipline will be a reprimand in which the mandatory direction is reiterated, and a new deadline established, followed by a disciplinary suspension (14 days or less), and if still noncompliant, a proposed removal. At any time, the employee is free to make a request for a legally required exception, which will be considered through the designated process. If the request is denied, the employee is given 14 days to initiate vaccination before the enforcement action picks back up from the point it stood when the request was made.

Privacy and IT Security

The VSS is covered by a privacy system of records notice and the appropriate privacy impact analyses are kept up to date to ensure that records related to COVID-19 status are kept separate and apart from personnel records in accordance with the American with Disabilities Act (ADA) and the Rehabilitation Act. In requesting this vaccination information from employees, the agency:

- (1) Complies with any applicable Federal laws, including requirements under the Privacy Act and the Paperwork Reduction Act, and any applicable collective bargaining obligations;
- (2) Takes steps to promote privacy and IT security, while also providing the relevant information to those who need to know in order to implement the safety protocols;
- (3) Consults with its Agency Records Officer, Chief Information Officer, and Senior Agency Official for Privacy to determine the best means to maintain this information to meet the agency's needs; and
- (4) Only disseminates this vaccination information to the appropriate component and agency officials who have a need to know to ensure effective implementation of the safety protocols, which, in many cases, includes the supervisor level.

Collective Bargaining Obligations

Since the onset of the COVID-19 pandemic, DHS has engaged at the national level with the two unions that have national consultation rights under 5 USC § 7113, the National Treasury Employees Union and American Federation of Government Employees. These discussions not only provide union representatives insight into DHS thinking and approaches to the vaccine mandate but has provided the unions with information and tools to support their members to understand the workplace safety protocols in place and the facts about the vaccines as they became available under emergency use authorization thru understanding the conversation about boosters. The rapport and trust developed in these meetings has been valuable for DHS to understand union members concerns and mitigate wherever possible.

At the level of recognition, DHS components have also engaged with their union representatives as appropriate. As guidance and processes are developed and disseminated, component labor relations personnel assess bargaining obligations based on the applicable collective bargaining agreement and engage their unions. Negotiations are ongoing within DHS components.

Reasonable Accommodation Procedures

By law, employees may request exceptions due to a disability or to a sincerely held religious belief, practice or observance. Determining whether an exception is legally required will include

consideration of factors such as the basis for the claim; the nature of the employee's job responsibilities; and the reasonably foreseeable effects on the agency's operations, including protecting other agency employees and the public from COVID-19. The CDC has also identified examples of a medical condition that may warrant an exception, such as a severe allergic reaction to elements of a specific vaccine. In addition, there may be medical circumstances that warrant permitting an employee to *delay* vaccination.

An employee may request, as a form of reasonable accommodation, an exception from the vaccination mandate or an extension to the vaccination deadline. DHS employees request exceptions or extensions through the Accessibility Compliance Management System (ACMS). Once the request is complete, to include any additional supporting documentation, it will be transmitted to the appropriate Component-specific Vaccine Exception Board. The voting members of the Board include a minimum of three Senior Executives who will evaluate the request and issue a reasoned, written determination. They will be advised by non-voting representatives from the Component specific offices of medical/health/disability, legal, human resource, operational and civil rights subject matter experts. The written determination will be uploaded into ACMS and communicated to the requesting employee and to the individual responsible for implementation and/or enforcement.

Employees will have the opportunity to request reconsideration of their requests if they are denied consistent with their Component's internal reconsideration procedures.

In addition to vaccine exceptions, wearing masks may be difficult for some people with sensory, cognitive, or behavioral conditions. Documented exceptions for religious reasons are also relevant. Accommodations should be made for individuals with required documentation and should be in accordance with existing Equal Opportunity Employment Commission (EEOC) guidance and with Department and Component policies.

Vaccination Requirements for DHS Contractors

The vaccination requirement that exists for the employees of covered Federal contractors, along with other safety protocols for Federal contractors, is being managed by the Office of the Chief Procurement Officer. Each covered contractor will be responsible for ensuring its contractor workforce is in compliance. In accordance with Executive Order [14042](#), DHS issued a deviation from the Federal Acquisition Regulation that allows DHS to add a clause requiring contractor employee vaccinations for those working at location where the DHS contract is performed. As of October 15, 2021, this clause is now included in all solicitations for services where the estimated value of the work is greater than \$250,000 and will be included in subsequent awards. In addition, DHS has begun to prioritize opportunities to add the clause to existing contracts assessing whether it is feasible to add the clause before the next optional work period is authorized and funded. DHS OCPO is also strongly encouraging the clause to be included in solicitations and current contracts for supplies and for supplies and services valued at under \$250,000. Each time the clause is added to a contract, it will be identified using the code "EO14042" so DHS can monitor implementation.

DHS asks about the vaccination status of onsite contractor employees. Onsite contractor employees must attest to the truthfulness of the response they provide. If an onsite contractor

employee chooses not to provide a response, they will be treated as not fully vaccinated for the purpose of agency safety protocols. For contractor employees not yet subject to a contractual requirement to be vaccinated, DHS will provide them with the Certification of Vaccination form before or when they enter a Federal building or Federally controlled indoor worksite. They will also be subject to testing requirements. DHS does not request any further documentation to verify an onsite contractor employee's vaccination status. DHS may email the form to contractor employees in advance of their time onsite or utilize a unique tool or application to share the form with contractor employees and enable them to easily complete it, but the agency will not maintain Certification of Vaccination forms from contractor employees. For those onsite contractor employees who do not have access to email or applications, DHS will determine the best method of distribution, including by having printed copies of the form at the entry point to the worksite. Contractors without a PIV card will be treated as visitors for the purposes of entering any DHS or DHS-controlled building.

Other Protective Measures

Personal Protective Equipment (PPE)

Guidance was issued to Component Occupational Health and Safety Program Managers. The guidance reiterated that JHA/RAs will be used to identify hazards for specific positions and tasks and will determine whether PPE or other controls are needed for workforce protection. Several contract solutions are in place for the Department to obtain common pandemic-related PPE, which includes garments, gloves, goggles, hand sanitizer, respirators, and surgical masks for those that have an operational need. Other non-pandemic related PPE items may be needed as identified in the JHA/RA.

Symptom Monitoring

DHS employees and onsite contractors who have been in close contact (within 6 feet of someone for a cumulative total of 15 minutes or more over a 24-hour period) with someone who has COVID-19, unless fully vaccinated, should quarantine for 10 days after last contact with the option for testing on day 5. Individuals should watch for fever (100.4F or greater), cough, shortness of breath, or [other symptoms of COVID-19](#). If symptoms develop, individuals should immediately self-isolate, stay out of the workplace, and contact local public health authorities or healthcare provider.

Any individual, regardless of vaccination status, who develops any symptoms consistent with COVID-19 during the workday must immediately isolate, wear a mask (if the individual is not already doing so and one is available), notify their supervisor, and promptly leave the workplace.

Quarantine and Isolation Following Exposure

DHS employees or onsite contractors with a suspected or confirmed case of COVID-19 must isolate, pursuant to CDC guidelines, and in compliance with State, Local, and Tribal laws and regulations.

Quarantine if you have been in close contact (within 6 feet of someone for a cumulative total of 15 minutes or more over a 24-hour period) with someone who has COVID-19, unless you have been fully vaccinated. People who are fully vaccinated do NOT need to quarantine after contact with someone who had COVID-19 unless they have symptoms. However, fully vaccinated

people should get tested 5-7 days after their exposure, even if they don't have symptoms and wear a mask indoors in public for 10 days following exposure or until their test result is negative.

Testing Requirements

DHS awarded several Indefinite Delivery, Indefinite Quantity (IDIQ) contracts that provide a variety of COVID-19 testing solutions for use throughout the Department. These contracts are meant to assist in the screening of multiple populations including, but not limited to, mission critical frontline personnel, persons within our protective custody, and law enforcement personnel attending training within our facilities. Procurement of diagnostic testing kits and services is facilitated via orders against the DHS Office of Procurement Operation's IDIQ. To pursue tests from the IDIQ, each DHS Component must consult their senior medical officer, legal counsel, and privacy point of contact prior to the purchase. In addition, each Component's privacy point of contact is the Component's specific plan for implementing the EO. If Department-level advice is required about privacy, the Office of Privacy has a representative in the COVID response group.

Components may test contractor employees working onsite who are not fully vaccinated as part of an agency screening testing program—if contractor employees are tested as part of the Component screening testing program, they do not need to provide proof of a negative COVID-19 test from no later than the previous 3 days prior to entry to a Federal building unless required to by the Component's testing program.

Prior to being contractually required to be vaccinated, onsite contractor employees who are not fully vaccinated and are not part of an agency testing program must be able to provide proof of a negative COVID-19 test from no earlier than the previous 3 days when in a DHS facility. For onsite contractor employee who are not fully vaccinated and not enrolled in a Component's testing program, the Component may determine what types of tests onsite contractor can show documentation of in order to enter their facility, provided that the tests are authorized by the U.S. Food and Drug Administration and produce a dated result.

Recordkeeping and Contact Tracing

In accordance with OSHA's recordkeeping requirements, if an employee tests positive for SARS-CoV-2 infection, the case must be recorded on the OSHA Illness and Injury Log if each of the following conditions are met: (1) the case is a confirmed case of COVID-19; (2) the case is work-related (as defined by 29 CFR 1904.5); and (3) the case involves one or more relevant recording criteria (set forth in 29 CFR 1904.7) (e.g., medical treatment beyond first aid, days away from work). The agency follows state and county reporting requirements and complies with state and county contact tracing efforts.

DHS employees who report a laboratory-confirmed COVID-19 positive diagnosis at a DHS worksite, will participate in contact tracing. The COVID-19 Coordination Team has implemented a process within the automated Contact Tracing Reporting tool to identify, track, and manage contacts of COVID-19 cases. The COVID-19 Contact Tracing Teams will notify all potential individual exposures via written and verbal notifications. The Contacting Tracing Teams will communicate time sensitive information to Facilities Management to include DHS shuttle and sedan services, for purposes of cleaning and disinfecting surfaces where a confirmed

positive COVID-19 exposure occurred. In addition to this internal process, the COVID-19 positive individual and the exposed individuals are encouraged to comply with instructions from their medical provider and state and local public health authorities.

The COVID-19 Coordination Team has implemented a process to notify local public health of COVID-19 positive cases, no personal identifiable information will be shared by the Contact Tracer with the exposed individuals. Resources are available at the [DHS Headquarters Contact Tracing Program](#) website for Components needing assistance getting started.

Assistance for Employees and their Families

DHS has provided leadership messaging to ensure that employees understand where they can go to learn more about vaccination and to address any concerns that they might have with taking the vaccine. DHS has some of the most stressful jobs in all of Federal service, which is why we have invested in robust employee assistance programs to support employees during these times when life and work may take an especially distressing toll on us. We encourage employees and their families to take advantage of:

- a. Employee Resources Website:** A public-facing website available to employees and their family members that includes information employee resources and benefits, and includes links to CDC information on vaccines, information on the mandate deadline, and a vaccine finder to help employees find a vaccination appointment. The [Employee Resources website](#) also provides links to sites, such as the CDC, where employees and their families can ensure they are receiving the most current and correct information regarding COVID-19.
- b. Employee Assistance Program:** No cost, confidential support is available during this time, through the DHS Employee Assistance Program. The EAP is completely confidential – voluntary participation in the EAP does not interfere or impact job security. Participation in the EAP does not excuse an employee from federal or agency-specific policies and procedures. As a neutral third party, the EAP does not, for example, intervene on an employee's hesitancy or intention to receive or not receive a vaccination.

Remote Work and Telework

DHS OCHCO issued guidance to Component Human Resources Officers on July 16, 2021 (Compensation Guidance, CG-2-2021, Remote Work) which provided DHS-specific parameters for evaluating and authorizing positions and employees for remote work, building upon guidance issued by the Office of Personnel Management (OPM) in Appendix A of the Office of Management and Budget (OMB) Memorandum M-21-25 (June 2021), and the 2021 Guide to Telework in the Federal Government.

Components will determine whether such work can be performed at a facility with lower potential exposure, or at an employee's home through telework, and that such policies are in continuity plans. With the understanding that many DHS functions and operations must be performed at a specific location or facility, consideration will be given to what functions or duties could be performed at an alternate location on a temporary basis. This can include a variety of managerial, technical, administrative, and support duties and functions that do not require direct in-person interaction with the public or co-workers. DHS offices within the Components utilize all available mechanisms, including cohort-based scheduling, staggered

work times, and alternative protective workplace controls, to keep their employees safe if/when reporting to a DHS facility is required for mission continuity.

DHS supports telework readiness for the workforce in so far as it supports mission accomplishment. The vast majority of our positions require on site presence (to conduct border, port and transportation security; investigations; enforcement; and removal operations, etc.).

Travel

Components must adhere to applicable collective bargaining obligations regarding changes to official travel policies. There are no Government-wide restrictions on official travel for federal employees who are fully vaccinated.

Official domestic travel for federal employees who are not fully vaccinated is limited to mission critical trips, unless contrary to an accommodation to which the employee is legally entitled. For those employees, international travel must be avoided unless it is mission-critical (e.g., military deployments, COVID-19 response deployments/activities, diplomats traveling, high-level international negotiations that cannot occur remotely), unless contrary to an accommodation to which the employee is legally entitled. Federal employees who are not fully vaccinated should adhere to recommended precautions during mission-critical travel. DHS guidelines for travelers can be found [here](#).

DHS Facilities

CDC Community Transmission Rate and Mask Usage. DHS issued guidance to Component Heads August 3, 2021, (Policy Directive 066-17), which included in part:

Consistent with Centers for Disease Control and Prevention (CDC) guidance, in areas of high or substantial transmission ([CDC COVID-19 Data Tracker County View](#), which covers 7 days of data) federal employees, contractors, and visitors must wear a mask inside federal buildings. In addition to transmission information, in order to determine your Component masking requirements, you must carefully consider mandates in the counties and cities where your operations and facilities are located and where your employees live (including commuting patterns), the nature of your mission, and degree of contact with the public.

A DHS COVID-19 Facility Guidance Update was also issued to Component Chief Administrative Officers on August 25, 2021.

Subsequent Frequently Asked Questions clarified that in order to relax masking protocols, a transmission rate lower than substantial to high must be observed for a period of at least two weeks. Some situations may also require wearing masks in public while outdoors, such as when distancing cannot be maintained.

Signs and communications are provided advising that masks should be worn consistently and correctly in any common areas or shared workspaces (including open floorplan office space, cubicle embankments, and conference rooms), cover the nose and mouth, and otherwise be in accordance with [current CDC guidance](#). DHS has issued guidance to Components incorporating

CDC recommendations, including guidance on: disposable masks, masks that fit properly (snugly around the nose and chin with no large gaps around the sides of the face), masks made with breathable fabric (such as cotton), masks made with tightly woven fabric (i.e., fabrics that do not let light pass through when held up to a light source), masks with two or three layers, and masks with inner filter pockets.

In addition, the General Services Administration (GSA) is working with tenant facilities directly to adjust ventilation systems when feasible, for example introducing more outside air and using higher efficiency, i.e. Minimum Efficiency Reporting Value (MERV 13) system filters. The Federal Protective Service issued entry guidelines for Federal facilities that reinforce OMB requirements.

Physical Distancing. DHS and GSA provide signage to place at building entrances, or DHS leased office space in commercial facilities, which indicate proper entry and distancing requirements. Location of signage and entry requirements will vary across DHS based on the legal interests of the facility (i.e., DHS owned, GSA leased, or DHS direct leased). In addition, requirements will vary based on variations in occupancy (i.e., single tenant or multi-tenant). In operational mission areas (e.g. Law Enforcement Officers) where there are times physical distancing is not possible, JHAs/RAs exist to promote all available alternate protective actions. In addition to the guidance discussed below, employees are encouraged where possible to physically distance by remaining at least 6 feet away from other staff if not masked. The Department issued the following guidance for all DHS facilities:

- (1) Workforce and all persons in facility maintain the recommended distancing guidelines, including while in queue to enter locations and in bathrooms.
- (2) Seating arrangements and occupancy limits shall be established to ensure that proper physical distancing guidelines are in-place (workstations, classrooms, and other occupied spaces) for individuals who are not fully vaccinated. Walls/cubicles or other suitable barriers separating personnel may be used to enhance /achieve proper social distancing. Classes may have to adjust attendee size to maintain spacing.
- (3) Where appropriate, barriers, ropes, tape and/or signs are in-place to communicate proper spacing and traffic flow through facilities to ensure proper distancing.
- (4) Online meetings are encouraged to the greatest extent possible. Only conduct in-person meetings when necessary. All conference rooms should have maximum seating clearly posted and enforced by the number of and location of seating within the room.
- (5) Workforce is encouraged to practice proper health precautions (hand washing, cough/sneeze etiquette, etc.), as well as, for individuals who are not fully vaccinated, physical distancing when walking through common areas. (i.e., stay as far to the right when passing). In addition, employees shall wait for other employees to clear narrow hallways and/or stairs before entering. Kitchen areas shall have measures in place to encourage physical distancing, including the removal of tables and/or restricting seating arrangements.
- (6) Communal food is prohibited. Use of appliances (i.e., refrigerators, coffee makers, microwaves) is limited to ensure physical distancing standards. Disinfectant and cleaners are readily visible and available to be applied after each use of kitchen appliances.
- (7) Employees are provided and encouraged to use hand sanitizer or disinfectant wipes every

time they return to the workstation to remove hand contamination received from door handles, exterior clothing, and others.

CDC guidelines for specific settings. CDC’s guidance will be followed for mask wearing and physical distancing in specific settings, including healthcare, transportation, correctional and detention facilities, as applicable.

Meetings. In-person meetings should only be scheduled if required by the mission. Access to other forms of virtual meeting capabilities such as teleconferencing, video, and webinars will be utilized to the maximum extent feasible. If meeting in person, business formalities such as shaking hands should be avoided as well as ensuring the physical distance of attendees who are not fully vaccinated at least six feet apart. Attendees who are not part of the local DHS workforce are required to provide vaccination status information. For meetings larger than 50 people, requests must be approved by the DHS Chief Human Capital Officer in accordance with DHS Delegation 03001.

Attendees at DHS hosted meetings, events, and conferences (regardless of event size) who are not fully vaccinated or who decline to provide their vaccination information must provide proof of a negative COVID-19 test completed no later than the previous 3 days and comply with masking and physical distancing requirements for individuals who are not fully vaccinated consistent with the requirements for visitors for masks and physical distancing. In-person attendees in areas of high or substantial transmission must wear a mask in public indoor settings regardless of vaccination status.

Signage. Facility Security Committees (FSC) and Designated Officials (DO) are required to work with GSA, facility managers, lessors, and tenant building managers to assure that all facilities occupied or operated by DHS have the proper signage (in agreement with DHS and CDC policies) in place for employees, onsite contractor employees, and visitors regarding mask-wearing and physical distancing requirements. Information about these requirements at specific facilities will also be publicly available on the agency’s website(s) and regularly communicated to employees and onsite contractor employees.

Visitors

If members of the public entering a Federal building or Federal land to obtain a public service or benefit are not fully vaccinated, these visitors must comply with all relevant CDC guidance, including wearing a mask and physically distancing from other people. Facilities will post signage to this effect, information about this on their website, and otherwise communicate this information to its visitors seeking public services or benefits.

Vaccination information from visitors. Visitors to DHS workplaces will be asked to show their host information about their vaccination status.

- Visitors are provided with the Certification of Vaccination form when they enter a DHS building or DHS-controlled worksite.
- Visitors complete the Certification of Vaccination form and keep it with them during their time on Federal premises—visitors may be asked to show the form upon entry to, or

when in, a DHS building or DHS-controlled worksite.

- The Certification of Vaccination form may be emailed to visitors in advance of arrival or utilize a tool or application to share the form with visitors and enable visitors to easily complete it, but DHS will not maintain Certification of Vaccination forms from visitors.
- For those visitors who do not have access to email or applications, locations will determine the best method of distribution, including by having printed copies of the form at the entry point to the worksite.
- DHS hosts will not collect or maintain visitor vaccination documentation.
- Provision of a visitor's information about their vaccination status and proof of a recent negative COVID-19 test do not apply to members of the public entering a DHS building or DHS land to obtain a public service or benefit. If they are not fully vaccinated, these visitors must comply with all relevant CDC guidance, including wearing a mask and physically distancing from other people. Facilities will post signage to this effect, information about this on their website, and otherwise communicate this information to its visitors seeking public services or benefits.
- Alternative procedures are be available for visitors denied access to a DHS facility or otherwise unable to access a DHS workspace to continue to obtain any federal government benefits or services to which the individual is entitled.

DHS visitors who are not fully vaccinated or who decline to provide information about their vaccination status must provide proof of a negative COVID-19 test from no earlier than the previous 3 days prior to entry to a DHS facility. Components may determine what types of tests a visitor can show documentation of in order to enter their facility, provided that the tests are authorized by the U.S. Food and Drug Administration and produce a dated result.